AF

2 (4) IFW PTO/SB/21 (09-04)

							P10/58/21 (09-04)		
TPE		=	Application Number		10/002,2	222			
O' TRANSMITTAL			Filing Date		November 28, 2001				
	FORM		First Named Inventor		Thomps	on, Mark R.			
MAR 2 4 2006			Art Unit		2141				
(to be used the fill correspondence after initial filing)			Examiner Name		Kenneth R. Coulter				
Total Namiber of Pages in This Submission 2		1	Attorney Docket Number	Oocket Number 019396-001700US					
Total Indiana Control of Control									
ENCLOSURES (Check all that apply)									
Fee Trans	smittal Form		Drawing(s)				ance Communication to TC		
Fee Attached [Licensing-related Papers		L_	Appeal Communication to Board of Appeals and Interferences			
Amendment/Renly			Petition				nmunication to TC ice, Brief, Reply Brief)		
Amendment/Reply After Final			Petition to Convert to a			1			
			Provisional Application Power of Attorney, Reve	cation		, , , 1	Information		
Affidavits/declaration(s)			Change of Corresponde		is	Status Lette	er osure(s) (please identify		
Extension	of Time Request		Terminal Disclaimer			below):	sure(s) (piease identity		
Express A	Express Abandonment Request [Request for Refund		Reti	urn Postcard			
Information Disclosure Statement		П	CD, Number of CD(s)		1				
						•			
	Landscape Table on CD						Iditional fees to Denosit		
	Certified Copy of Priority Document(s) Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.								
Reply to Missing Parts/ Incomplete									
Application		and the control of th							
	Reply to Missing Parts under 37 CFR 1.52 or 1.53		· · · ·			•	· _:		
						. *			
	SIGNA	TURE	OF APPLICANT, AT	TORNE	Y, OR A	GENT			
Firm Name					,				
•	Townsend and Townsend and Crew LLP								
Signature	Will F Vol	a.L				-· · ·			
Printed name									
Timed hame	William F. Vobach		•						
Date March 20, 2006			Reg. No.		39,	39,411			
	^	CDTIC	CATE OF TRANSP	ISSION/A	MAILINIA				
<u> </u>		CKIIF	CATE OF TRANSM	ISSION/N	MAILIN				
I hereby certi	fy that this correspond	ence is	s being deposited wi	th the Ur	nited Sta	ates Postal S	Service with sufficient		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA									
22313-1450 on the date shown below.									
Signature Sanday									
•	John	ME.	Marin	7					
Typed or printed	Nav Barclay	-	U	/		Date	March 20, 2006		



CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	· ·	1
Application Number	10/002,222	
Filling Date	November 28, 2001	
First Named Inventor	Thompson, Mark R.	
Art Unit	2141	
Examiner Name	Kenneth R. Coulter	
Attorney Docket Number	019396-001700US	

Please change the Core	respondence Address for the ab	ove-identified patent applic	cation to:				
The address asso Customer Number			·.				
OR							
Firm <i>or</i> Individual Name	Motorola Inc. Robert P. Mariev						
Address Broadband Communications Sector 101 Tournament Drive							
City	Horsham	State PA	Zip 19044				
Country	US .						
Telephone	800.523.6678	Email rpmarley@m	Email rpmarley@motorola.com				
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number39.411 Registered practitioner named in the application transmittal letter in an application without an							
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Signature Will F. Volack							
Typed or Printed William F	Vobach		·				
Date March 20		Telephone 303.571.4					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of1 forms are submitted.							